

gained to the more severe injuries, we arrive at the principle alluded to. The following is the detail of the measures usually adopted at the institution named: On the patient's first application, the eye is carefully inspected; if any foreign matters are discovered, they are removed; if any portion of the front of the cornea have been partially detached, or if any considerable portion of iris have been protruded so as to be irreducible, the piece is snipped away by means of small scissors. It is rare that anything can be done in improving the position of the edges of the wound, or in returning protruded structures; and the next step is, therefore, to close the lids, and, having carefully padded them with layers of cotton-wool, the whole is confined by strips of adhesive plaster. A mild dose of aperient medicine is generally given, and the patient directed to live carefully on a rather less stimulating diet than ordinary. Unless urgent symptoms make it necessary earlier, which is very rare, the eye is not again inspected for several days, or perhaps a week, when the dressings are cautiously removed and replaced. It is very infrequent, indeed, for any depletory measures, either topical or general, to be deemed necessary. The symptoms which would excite alarm, and be held to indicate the necessity for further examination, are severe teasive or throbbing pain in the globe, or general fever; and, in the absence of both these, it is judged certain that interference cannot be needed, and that frequent inspections of the organ could but be productive of injury.

We may remark that the plan of padding the lids and keeping the eye closed, is by far the best that can be pursued, after the removal of dirt, etc., from the eye, or after slight injuries to it from blows or scratches. Under such circumstances, it is rarely required more than a day or two.—*Med. Times and Gaz.* September 9, 1834.

57. *Treatment of Tinea Tarsi.*—The treatment which is the favourite at the Moorfields Royal Ophthalmic Hospital in this troublesome disease, consists in carefully taking away all scales and crusts, and then rubbing the edge of the lid with solid lunar caustic. The application must be repeated twice a week, and patiently continued. It is absolutely necessary that all deposit be cleared away, so as to allow the remedy to come in direct contact with the cuticle, the opening of the hair follicles, orifices of the Meibomian glands, etc. If the treatment be steadily persevered with, the redness subsides, the thickening of the lid is removed, and the hairs previously destroyed grow again. Mr. Critchett is accustomed to relate a case in which a fair set of eyelashes were reproduced, after they had been absent for many years. The disease appears to be much more frequently secondary to measles than to any other affection, and its subjects are generally more or less cachectic. It often varies remarkably with the condition of the patient's health. Tonics are, therefore, indicated, together with a liberal diet; but it is well proved that these, without local treatment, are not competent to cure the disease. At the Hospital for Skin Diseases, in several cases recently, the hairs and their bulbs have been examined with the microscope. It does not appear that any cryptogamic sporules are ever present, the structure of the hair being healthy. In pulling out an eyelash, the hair-sheath is generally brought away too, and on its exterior are numerous pus and exudation-cells, showing that the inflammatory action has been external to the hair-sheath. In this respect, the hairs resemble those of syecosis and of impetigo occurring on hairy parts of the face. Mr. Startin's treatment consists in smearing the edge of the lid every night with a mild mercurial ointment, (ammonio-chloride, 10 grains to the ounce), and administering an arsenical tonic in combination either with iodine or mercury.—*Med. Times and Gaz.* Oct. 28, 1854.

## MIDWIFERY.

58. *Perforation of the Head of the Fetus; Labour Artificially Induced, and twice the Caesarian Section successfully performed on the same Woman.* By Dr. R. H. BROERS.—The subject of this extraordinary case was 33 years old, and

primiparous, when Dr. Broers was called on by Herr Nuijens to assist him in her delivery, as he had already in vain attempted extraction with the forceps. Dr. Broers found the head impacted very high up, the conjugate diameter being there narrow, and assented to the performance of perforation, as the pulsation of the foetal heart was no longer audible, and the attempt to return the head had failed. After a great quantity of brain had been discharged, it was found necessary to remove several pieces of bone before the head could pass through the conjugate diameter. After the birth of the child, which was well developed, a very violent hemorrhage set in, necessitating the removal of the placenta. On the introduction of the hand, it was ascertained that the conjugate diameter did not amount to quite three inches, that the promontory of the sacrum projected strongly forward, and that the pelvis was larger on the right than on the left side, but that it was in general too narrow. Convalescence proceeded favourably, and the patient was able in three weeks to go out. After the lapse of more than a year, the woman came to report that she was again about seven months pregnant. It was determined to induce labour in the thirty-second week, after Riecke's method, viz: by introducing and leaving a bougie between the membrane and the wall of the uterus. On the third day, the os began slowly to dilate, and a second abdominal position was recognized. Turning was successfully performed, but with extreme difficulty, in particular the elimination of the head was almost impossible. The child, a female, was still-born; it was pretty well developed; 15½ inches long; weighed 6 pounds; the short diameter of the head, 3¼ inches; the long diameter, 4½; the perpendicular measurement, 3½. Convalescence proceeded regularly; the patient was well in three weeks. Pregnant for the third time, she did not apply for assistance until the last. It was determined, in consultation with HIL. de Bordes and Hoogwinkel, to perform the Cæsarean operation, although the existence of pulsation in the foetal heart was doubtful. The child had moved a few moments before, and the mother's state was favourable. The waters had already been discharged when the operation was commenced; the opening into the abdominal parietes (linea alba) and the peritoneum was six inches long; that into the wall of the uterus and the membrane was five inches; the incision fell close to the insertion of the placenta. The child, a female, well developed, eight pounds weight, above seventeen inches long, was dead; the after-birth was removed through the wound. The latter, united by suture, healed so rapidly, that in fourteen days the woman might be looked on as recovered. Two years subsequently she again returned, in the ninth month of pregnancy. The necessity of performing the Cæsarean section was again agreed on, and the operation was on this occasion performed by Herr Hoogwinkel, in the same manner as before. At the beginning of the operation the membranes were still unbroken, the os was dilated to the size of a guilder; the head again presented. The incision, close to the cicatrix of the former, fell also on this occasion contiguous to the placenta; the membranes gave way during the operation. A well-developed living male child, 16 inches long, and weighing 7½ pounds, was extracted, as well as the after-birth, through the incision. The uterus contracted slowly, and imperfectly; fever, with delirium, soon set in; the patient's strength diminished; there was no secretion of milk; the wound continued pale, without reaction. On the fifth day after the operation the woman died, aged 37. The child lived, and four years subsequently was in good health.—*Med. Times and Gaz.* Oct. 21, 1854, from *Nederlandsch Tijdschrift voor Verloskunde Ziekten der Vrouwen en der Kinderen*.

59. *Superfoetation*.—Dr. THIELMANN relates the following case. A peasant-woman, aged 25, had borne, at 20 and 23, girls. In July, 1852, she became pregnant a third time; menstruation appeared twice after conception. On the 26th March, 1853, the first pains appeared, and next morning she was delivered of a girl, small, but living; the after-birth came away normally. The lochia ceased in a few hours. The secretion of milk was so scanty that the child

<sup>1</sup> The Dutch pound is rather heavier than the English. The Rhineland foot is 12.76 inches.—*Penny Cyclopædia*; art. "Weights and Measures."

could not be supported by it. Eight days after delivery the woman returned to her household duties; but she felt in her left side the movements of a second child. On the 18th May—that is, fifty-two days after the birth of the first child—pains came on, and the birth of a second living girl, somewhat smaller, followed. From this time, the secretion of milk went on so freely that both children derived sufficient nourishment. M. Thielmann says this case was officially certified.—*Brit. and For. Med.-Chirurg. Rev.* Oct. 1854, from *Med. Zeitung Russ.* 50, 1854.

60. *Seventeen Cases of Parturition, in which Chloroform was inhaled with Injurious Effects.*—The *Medical Times and Gazette*, Sept. 9, contains an account, by Dr. ROBERT LEE, of seventeen cases of parturition, in which chloroform was inhaled with pernicious effects.

The following is a summary of these cases, with the remarks of the author:—

“In the first and second of these cases, the contractions of the uterus were arrested by the chloroform, and delivery was completed by craniotomy. Insanity and great disturbance of the functions of the brain followed its use in cases 3, 4, 5, 10, 14, 15, and 16. It became necessary to deliver with the forceps in cases 6, 8, 11, 12, and 13. Dangerous or fatal peritonitis, or phlebitis, ensued after the exhibition of chloroform in cases 7, 8, 11, and 13. Epilepsy followed in case 14, and dangerous fits of syncope in case 17.

Were I to add these cases which the reports of my medical friends have confided to me, and the still greater number which public rumour has brought to my knowledge, I should appal the Society by the amount of mischief which chloroform, given to parturient women, has already inflicted on individuals and families. The details of unfortunate cases, indeed, are generally studiously concealed; but the annals of surgery contain conclusive proofs of the mischievous and dangerous effects of this poison. However much the disasters of operations performed in private may be hushed up, the practice of hospitals cannot be concealed; and we have now a long list of calamitous cases in which the imbibition of a very small quantity of chloroform into the blood was sufficient to extinguish life in individuals of a robust habit and perfectly sound constitution. Were our knowledge of chloroform confined to this fact alone, it would suffice to remove all doubt from the mind of every intelligent practitioner as to its use in midwifery.

It might have been expected that a contemplation of the subtle action of this poison on the nervous system would alone have induced caution in its application to practice, till its influence on the system was more thoroughly understood. But we have been compelled, on the contrary, to witness the most reckless levity. Very soon after the discovery of its physiological effects, I was confounded by the announcement of its application to midwifery. It was not difficult for me to foresee that such rashness, as it could not then at least have a safe foundation, would lead to deplorable results; and I regret to say, I have not been mistaken. Yet then, as now, we were confidently assured of the perfect innocence of the remedy. The value of the present boasts may be judged of by the past.

It was not wonderful that women, deemed to bring forth their offspring in pain and sorrow, should seek to escape from one of the troubles of our race by means of this treacherous poison, particularly when presented to them with such flattering assurances; neither can we feel surprised that the instances of women who were reported to have been saved from the grievous pains of child-bearing, without bad consequences, should have for a time reduced to silence those unwelcome monitors who pointed to the possible evils of this new agent, and induced the honest but enthusiastic pursuers of novelty to turn away their eyes from the contemplation of those dropping cases of disaster which soon showed themselves, and to disturb the general jubilation. But it does seem to me strange, that, amid so wide-spread an experience as I am convinced now exists of the noxious and dangerous effects of chloroform, it should be necessary for me to assemble the proofs of the havoc it has made. Daily reports, however, convince me that this work is called for; and I have not shrunk from so sacred a duty.

Setting aside the mechanical difficulties of labour, the dangers to which par-

trient and puerperal women are most exposed may be said to be fourfold: 1, exhaustion; 2, hemorrhage; 3, fever and inflammation; and 4, cerebral disturbance. The great cause of flooding is languid or deficient contraction of the uterus. We are assured by many that the contractility of the womb is in no degree diminished by the action of chloroform. But of this important position we have as yet received not a jot of proof; nay, there are innumerable proofs to the contrary. It is expected that we should be satisfied with bare assertion; and, considering that it was made at a very early period, when not a score of women had yet been delivered under the influence of chloroform, and, moreover, that it is made by those who continue, in the face of the most painful contradiction of facts, to affirm the perfect innocency of this poison, we may be permitted to set aside this evidence without further notice. But I rely not upon *a priori* reasoning, but on the direct testimony of my own senses, and maintain, with this unerring guide, that the action of chloroform does very manifestly impede the uterine contractions, and, in some cases, put a stop to them altogether.

The wise and skilful practitioner will hardly require my evidence to satisfy him that so disturbing an agent must add greatly to the risks which arise from inflammation and fever. But they who doubt will find reason enough, in the cases I have cited, to pause and reflect; while the history here given of severe cerebral affection must surely satisfy the most stolid that all the nervous accidents which attend the puerperal condition, and complicate its risks, must be largely increased by this very active poison.

Much reflection on the physiological effects, and observation of the pathological mischief of chloroform, leave no doubt on my mind that it ought to be altogether expelled from the practice of midwifery. There are no circumstances in which it can be with utility, none in which it can be with safety, employed. I am confirmed in this opinion by conversation with the most discreet and experienced practitioners around me; yet I cannot but entertain grave doubts of the result of my present appeal to the good sense of my profession, when I consider the arts used to propagate a faith in this practice. It has become almost an extra-professional question, while there is a systematic concealment of truth by physicians. Appeals are made by others to the natural timidity of women, and the most fallacious promises of perfect safety are boldly held out. Conceited and ignorant women of fashion make a pastime of this, as of other quackeries, especially the speculum, and the cause of science and humanity is placed in the hands of the most presumptuous and frivolous part of the community, while young inexperienced mothers are decoyed to their destruction. It is no unfrequent occurrence that an accoucheur should be selected to attend a given woman, but previously told that he must use chloroform. This grave question of medical science has been predetermined by a quorum of old women, instigated, perhaps, by an itinerant duchess. There are men to whom such propositions are not at all insulting. They are quite ready to stend a march on their wiser and more manly brothers, by the adoption of any humiliating fashion. Thus, the health and lives of patients are sacrificed, and medical science is dishonoured.

If I have helped to rescue the medical profession from the dominion of a great and dangerous error, if I have placed some restraint on ignominious and disgraceful practice, I shall rest satisfied that this essay has not been written in vain."

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61. *Treatment of Displacement of the Uterus by Intra-uterine Pessaries.*—This subject, which has lately created an extraordinary sensation in the Academy of Medicine, was first brought before them by Dr. Broca, who detailed a case from his own practice, where death had occurred after the use of the uterine catheter. M. Cruveilhier followed up the statement by the relation of another fatal case, and expressed himself as strongly opposed to the use of uterine instruments. A committee, composed of MM. Robert, Huguier, and Depaul, was appointed; and their report, drawn up by M. Depaul, after entering at great length into the whole subject of uterine displacements, has condemned in most severe and decided terms, the use of the intra-uterine pessa-

ries and hougies. The following is a condensed account of the cases, and the report:—

*Broca's Case.*—A woman, æt. 39, who had borne three children, the youngest ten years ago, was admitted to the Hôpital de Lourcine, October 4, 1853. She was thin, and wasted (flétrée), but her general health was tolerably good, and she stated that she had never had any serious disease. About a year before admission, from which period she dates her illness, the menses became suppressed, and never returned; at the same time pains in the thighs, disorder of the digestion, habitual and obstinate constipation, and frequent calls to make water came on. She stated that she had got much thinner, and suffered much. On examination, very marked anteversion was detected; the cervix was enlarged and granular, and a considerable quantity of glairy and purulent matter was discharged from the os. On the 7th October, the uterine sound was introduced; it reached to 6½ centimetres. The uterus was easily brought to the normal direction, and kept there for five minutes; the patient complaining of no pain. On the 8th and 10th, the same manœuvre was repeated, and the patient declared herself much relieved. On the 11th, slight pain was felt on the introduction of the instrument, and the patient complained of the hypogastrium when the uterus was replaced in position; the sound was left in for two or three minutes. The pain became much more intense on the 12th, and was followed soon after by fever, nausea, bilious vomiting, and constipation; leeches and cataplasms were applied, and on the 15th the fever had ceased and the patient seemed better; but the vomiting continued, and intermittent pains came on frequently in the abdomen, apparently spreading from the uterus. On the following days, the attacks of pain were more frequent, the vomiting became incessant, the pulse small, and the abdomen tympanitic, and the patient died on the 23d, after a long and painful struggle. *Autopsy, twenty-four hours after death.*—Skull not opened. Thoracic organs healthy. In the abdomen, old and strong adhesions of the right extremity of the transverse colon, and of the great omentum to the abdominal parietes; the stomach, duodenum, and jejunum were greatly distended to about 60 centimetres above the ilio-cæcal valve. *At this point the intestine was adherent to the uterus, and became suddenly contracted (retréci); above, it measured 16 centimetres in circumference, below, it was reduced to the size of the index finger.* The whole of the large intestine, as far as the descending colon, was strongly retracted (*fortement revenu sur lui-même*) and empty; beyond this point the caliber was diminished, but not to the same degree. *Below the adhesion, the intestine was discoloured, but healthy; above it, as far as the duodenum, which was sound, there were evident traces of congestion and inflammation.* Independently of these old adhesions, there were recent ones formed by a grayish gelatinous juice, semitransparent, and not yet organized; in short, there were evidences of two attacks of peritonitis, one of old standing, the other recent.

The right Fallopian tube was enormously dilated, and connected by old adhesions to the uterus and rectum; no trace of the right ovary could be found. The cavity of the Fallopian tube contained a considerable quantity of chocolate coloured pus. At the angle of the uterus, near the insertion of the right Fallopian tube, was found a small collection of pus very near the peritoneal surface.

M. Broca supposes that the introduction of the sound caused first metritis, and subsequently peritonitis, and that the recent being added to the old adhesions, had completed the intestinal obstruction. On the other hand, M. Valleix contends, that the obstruction pre-existed before the sound was introduced, and was quite independent of it. The pathological appearances are certainly described in a confused manner in M. Broca's report; at one part it is stated "that there was no fluid in the peritoneum, and no recent false membrane, and that, with the exception of the old adhesions, the peritoneum might be called healthy." And at the end of the description we are told of the exudations of recent lymph (*des adhérences formées par un sue gelatineux grisâtre, demitransparent, non encore organisé*), showing recent peritonitis.

*Cruveilhier's Case.*—A young woman, æt. 24, married for four years, and extremely distressed at having no children, was found to have a slight ante-

version of the uterus, to which her barrenness was ascribed. The introduction of the uterine sound having occasioned great pain, she removed to Paris and put herself under the care of M. Valleix. During a residence of a month there, the sound was introduced five times, but could never be retained beyond a few hours, on account of the sickness, distension of the abdomen, and severe pain (angoisses), which required the withdrawal of the instrument. Her health becoming so much affected, that her mother insisted on giving up the treatment and returning home. On her arrival there, the family physician recognized the symptoms of metro-peritonitis, in an aggravated form. Her condition becoming worse, M. Cruveilhier was sent for; he found the anteversion still persistent; an extreme degree of marasmus; the symptoms of peritonitis, especially the pain of abdomen, had somewhat abated, but the uterus was extremely tender. The pulse was filiform, and numbered 120 in the minute. The chest was examined; some mucous râles existed at the apex of the right lung, but there were no signs of tubercles. A week after, the patient died. The examination of the body was not allowed.

M. Valleix is of opinion that the patient was tubercular, and had probably sunk under tubercular peritonitis.

*M. Depaul's Report.*—In commencing his report, M. Depaul undertakes to prove—1. That uterine affections, usually attributed to displacement, have an entirely different origin. 2. That in most of the alleged cases, another more frequent pathological condition, which produces uterine symptoms, and even sometimes causes displacement, has been overlooked. 3. That science possesses a simple and rational treatment for displacements, as efficacious, or more so, than intra-uterine pessaries. 4. That the facts adduced in favour of the treatment by these instruments, only show their entire inefficiency; and 5. That we must take into serious consideration the numerous facts which prove that the most formidable affections, and even death itself, may be the consequence of these manoeuvres, which are besides, on their first aspect, *repugnant to common sense! (repugnant à la raison.)*

*Instruments.*—Before proceeding to these points, the reporter specifies the instruments used in the treatment of uterine displacements, to which allusion is made. These are of two kinds (sufficiently well known in this country), 1. The *uterine sound*, of Simpson and Kiwisch (Recamier and Amussat had previously used a similar instrument). This instrument, which is of undoubted service in diagnosis, is also used to restore the displaced uterus to the normal position; but it is never left permanently in the uterus. 2. The *pessaries*, of different kinds, which are used for the replacement and permanent support of the uterus, remaining for a considerable time in its cavity. These are known as Simpson's and Kiwisch's, although the original idea of the invention is claimed for Amussat and Velpeau. They are, 1. The wire pessary, or pubic pessary, having a stalk to support the interior of the uterus, in connection with an apparatus resting on the pubis. 2. The spring pessary. 3. The ball pessary, with the stalk for introducing it. 4. The galvanic pessary, made of zinc and copper. 5. The dilating pessaries, used in obstructive dysmenorrhœa, sterility, &c. The last three instruments consist of a metallic stalk, which is passed into the cavity of the womb, and is fixed on an oval disk or ball. Although the use of the uterine sound is not without danger, it is principally against the intra-uterine pessaries that the criticisms of M. Depaul are directed.

*Pathology, &c.*—The reporter then enters on the first division of his subject, viz: the Pathology of Uterine Displacements. *What is the normal direction of the uterus? What are its displacements? Do these displacements produce the symptoms which have been ascribed to them?* M. Depaul does not agree without reserve with Cruveilhier, and others who maintain that the uterus has no certain direction; and he rejects the opinion of Bouland and Verneuil, that anteversion is the normal position of the womb. He maintains that, however liable to vary from accidental causes, the uterus is placed normally in the direction of the axis of the brim of the pelvis. When the axis of the uterus is more inclined in any one direction, we have either *ante*, *retro*, or *latero-versions*. When the whole uterus is pushed from its position, we have total displacement

(*refoulement*), which may also take place *forwards, backwards, or laterally*. When the uterus is bent on itself, *ante, retro, or latero-flexions*, are produced. There are also, more rarely, *flexions of the neck on the body* of the uterus; and *inflexions* of the uterus, where it is curved once, or twice like the letter S *italic*. Another condition which may exist alone, or combined with the preceding, is the *descent* of the uterus (*abaissement*), generally the inferior extremity, but sometimes the middle, or possibly even the upper part of the uterus passing low down into the pelvic cavity. These displacements by descent appear to have been overlooked in France by those who used the "instrumental treatment" ("*traitement mécanique*").

These different displacements are so common, that more than half probably of the female sex are subjects of them, and would require treatment, if these conditions were really diseases. But such is not the case; their influence has been greatly exaggerated, and it may be shown that the *symptoms attributed to these deviations belong to some other pathological condition*. In a critical analysis of M. Valleix's cases of displacement, treated by the intra-uterine pessaries, concomitant disease of the uterus, as hypertrophy and engorgement, or granulations and ulcerations of the cervix, leucorrhœa, &c. are found to have existed in the largest number: in a few, the uterine deviation, discovered only after death, had produced no symptoms during life; and in some the morbid symptoms remained after the uterine displacement had been corrected. The cases of M. Goussail, analyzed in the same way, are similarly complicated. The symptoms of all the patients were much alike—viz: uneasiness in walking, pains in the loins, white or sanguineous discharges, constipation, and difficult micturition, and disorder of digestion. Yet all these affections are ascribed by M. Valleix and Goussail exclusively to the displacement, taking no account of the hypertrophy, ulceration, or other diseased state of the uterus, which existed at the same time. The facts of M. Pinelaud (pupil of M. Valleix) are of the same inconclusive stamp as the preceding; but he adds that he has witnessed dangerous (*graves*) hemorrhages, and in two cases perforation of the uterus in consequence of the use of the pessaries!

If in these cases, complicated with other lesions, the symptoms cannot be with certainty referred to the deviation exclusive of the lesions, still less is there evidence to show that the deviations *alone* give rise to serious symptoms. MM. Dubois and Lisfranc declared that displacements were innocuous, unless attended with pathological lesion or chronic inflammation. In a number of cases of displacements of all kinds observed by M. Gosselin, at the Lourcine, none of the women had any uterine complaint whatever; in a number of other cases, where uterine pains existed, there was no displacement, and the pains were owing either to inflammation or neuralgia; and in a third set of cases, where both uterine pains and displacement co-existed, the pains ceased after repose, and the use of antiphlogistics, narcotics, &c. although the displacement persisted. In 27 cases of simple deviation, observed by M. Depaul, only two had any uterine symptoms whatever; the one (anteflexion) had more frequent micturition, and a sense of weight after long walks; the other (descent of uterus) had pains in the inside of the thighs, and a feeling of weight in the pelvis, and that only after fatiguing exertion. Moreover, in diseased states of the uterus, if the morbid condition of the organ is cured, the painful symptoms entirely disappear; and every day's experience proves that all the uterine symptoms may be produced by lesions of the organ, unattended by any displacement whatever, to which they could possibly be ascribed. For the truth of the latter statements the reporter appeals to his own, and to the general experience of the profession.

With regard to the influence of the dilating pessaries on sterility, M. Depaul has similar objections, viz: that in the facts observed no adequate account has been taken of concomitant pathological conditions; and he maintains that displacements and flexions could only cause sterility when of very old standing, where the uterus is almost always atrophied, and dilatation consequently useless.

Admitting, however, that in a *very small number of cases* the mere displacement of the uterus may disorder the health, or may have an injurious influence

on co-existing diseased conditions, M. Depaul believes that there exist numerous efficacious methods of treatment which do not compromise the health or life of patients. Of these means, he enumerates rest, fixation of the uterus (*immobiliser l'utérus*), taking off the weight of the intestines, avoiding tight lacing, using hypogastric belts, and lastly, the different pessaries (not intra-uterine) particularly that of M. Garriel, composed of caoutchouc distended by air; also stuffing the rectum in cases of retroversion, as practised by M. Huguier. He mentions also the pessaries in whalebone of Dr. Myer, and that of caoutchouc of M. Joret. He discountenances the use of cauterizations to produce adhesions for the purpose of replacing the uterus.

*Cases.*—This most interesting inquiry in a practical point, however, is an examination of the *statistics of the treatment by intra-uterine pessaries*. The number of cases published amounts to about 180, and of these, according to M. Valleix, 129 were cured. A result, at first sight, so strongly in favour of the treatment, is, however, completely reversed by the history of the cases themselves. The reporter here gives a short analysis of M. Valleix's cases, twenty in number, of five cases by M. Gaussail, and three by M. Piachaud. With regard to Dr. Simpson's practice, he was unable to give the results, as that gentleman, when applied to, had, he said, communicated only assertions without proofs; he could only, therefore, give an idea of his success from the information received from indirect sources.

It would be tedious to give the whole of these cases; we subjoin a few to show the method of analysis, and how inconclusive the cases are, or rather how they are turned into evidence against the treatment they were published to recommend.

*Valleix's Cases.*—Fifth case. C., æt. 31, some years after accouchement, suffered from hysteria, leucorrhœa, fatigue in walking, and weight in the pelvis, for which she was treated by repeated leeching. Coming under M. V.'s care in 1851, she was pale and anæmic; the uterus was voluminous, not painful, lying transversely forwards. *On the anterior lip, which was red and voluminous, there was a prominence of a deeper colour, presenting in the middle a little white point.* The neck was cauterized on three successive occasions with the acid nitrate of mercury. Afterwards, the catheterism was practised six times, leaving three or four days interval. At the end of a month the uterus was replaced in its normal situation. *The cauterization was then resumed and repeated thirteen times during nearly two months.* There was no accident, and the cervix was cured. That cure, ascribed to the uterine sound, ought plainly to be attributed to the cauterizations. Several of the other cases are very similar to this.

Ninth case. Antelexion with hypertrophy, the uterus being heavy, with little mobility, the sound penetrating seven centimetres. The intra-uterine pessary (*redresseur*) having occasioned dangerous symptoms, an energetic anti-phlogistic treatment was employed, in consequence of which the patient was cured.

Thirteenth case. Retroversion, and chronic metritis with ulcerations and numerous red granulations. The intra-uterine pessary was applied once, and left in for a fortnight; long after this the patient underwent treatment for menia, neuralgia, and for a fissure of the anus which had been overlooked at first. The cervix was cauterized for several months.

In others of his cases, there appears insufficient evidence of the state of the uterus, or even of the cure which is reported to have ensued. M. Gaussail's cases are generally complicated with metritis, and such varied and prolonged methods of treatment were used, that it is difficult to ascribe the cure to any one in particular. His fifth case he concludes by admitting that "*the treatment (by intra-uterine pessaries) had produced no amelioration—the patient felt more fatigued in walking, standing, or by simple movement of the arms. The modifications in the position of the uterus were hardly recognizable. The patient and the medical man were convinced that this treatment could no longer be endured.*" M. Piachaud's cases have already been alluded to. In addition, two cases are quoted, observed by M. Gaube, in which all the morbid symptoms were cured, although the use of the pessary failed to replace the uterus.



The last case given is one of anteversion, where the patient, dismissed cured from the hospital by M. Valleix, returned next day in as bad a condition as ever. Scanzoni, in *Canstatt's Jahresbericht*, states that in twenty cases of displacement, where he tried the mechanical treatment, he did not once obtain a permanent cure. It appears, moreover, that M. Valleix has been continually improving the intra-uterine pessary, by diminishing the length of the uterine stalk, till at last he has given it up altogether, and uses only the temporary introduction of the uterine sound, but always, he assures us, with the same successful results.

Having examined the statements of the principal partisans of this mechanical treatment in France, viz. MM. Valleix, and Gaussnail, &c., M. Depaul proceeds to show that this treatment has no greater favour or success in other countries, particularly Great Britain. In regard to Dr. Simpson's practice, he quotes from an eye-witness, that although in many cases the relief is immediate, and in a few instances the instrument can be worn with impunity for months or even years, yet, in the great majority of females, some morbid state of the uterus or its appendages, &c., comes on; hemorrhages, rectal fissures, ulcerations of the rectum, metritis, metro-peritonitis, pelvic abscesses were pretty frequent consequences, and more than once death was the final result. Drs. Churchill, Ashwell, and Gream's statements are quoted as to the dangers of the treatment, together with Dr. Robert Lee's case, where the pessary, or, as he calls it, the impaling machine, was extracted from the uterus. Two fatal cases of peritonitis caused by the pessaries, described by Dr. Oldham: his strongly expressed opinions against the practice; the similar views of Montgomery, of Dublin, and Matthews Duncan, of Edinburgh, are adduced as strong evidence of the unfavourable estimation in which the practice is held by a large number of eminent obstetricians.

The same objections which have been made to the pessaries are also applicable to the uterine sound or catheter (*hysteronètre*), especially when used to replace the uterus in position. According to Depaul, in the vast majority of cases it is unnecessary even for diagnosis; it may even lead into error, and its use is not exempt from serious dangers. Guéneau de Mussy has recorded a case of fatal peritonitis in consequence of passing the uterine sound; three cases of abortion in the early stage of pregnancy, and one case of abortion and death have occurred in the practice of Huguier, Nonat, and Valleix. M. Depaul then passes under a final review the cases of Valleix, Gaussnail, Piachaud, Huguier, Nonat, &c., and finds in nearly every one some of the following results from the use of the intra-uterine instruments: hemorrhages nearly in every case, and sometimes of dangerous amount; uterine and abdominal pains; rigors and fever; syncope and phlegmonous inflammation around the uterus, or in the iliac fossa; metro-peritonitis. A case of enormous phlegmon in the neighbourhood of the uterus is given in detail from M. Cazeaux; one of metro-peritonitis from M. Gaube; six cases (one fatal) from M. Nonat, in none of which was the displacement benefited by the treatment, which gave rise to the dangerous complications, pelvic abscesses, metro-peritonitis, &c.: and this enumeration is summed up by the fatal cases of MM. Broca and Cruveilhier, which originated the inquiry before the academy; followed by four fatal cases from the practice of MM. Valleix, Nelaton, and Aran, and the testimony of M. Maisonneuve that similar accidents have occurred in his hands.

**Conclusion.**—From these detailed investigations, the reporter draws up the following conclusions as the unanimous opinion of the committee:—

In the great majority of females, uterine displacements do not injure the health, and constitute a mere deformity without importance. Where displacements co-exist with inflammation or neuralgia, when the latter affections are cured, the former disappear, or if they persist are quite innocuous. The small number of simple displacements, which occasion inconvenience, are easily and safely treated by simple methods without incurring the dangers of the intra-uterine instruments, which, even when they momentarily replace the uterus, fail to fix it in the normal position. The facts adduced to show the efficacy of the mechanical treatment have been wrongly interpreted, and the cures ascribed to it have been owing to other means employed at the same time. The

fatal cases observed both in France and England are numerous enough to show the perils of this treatment, and to warn its boldest partisans. In addition to the mortality, the other dangers are of the most alarming kind; pains, sometimes agonizing, hemorrhages, anæmia and nervous disorders, rigors, fever, syncope, peritonitis, pelvic abscesses, metro-peritonitis, &c., not to mention the cases where the treatment could not be endured. The uterine sound, of great advantage in the diagnosis of certain affections, is very often of no service, and, from the great risks attending its use, should be reserved for the exceptional cases which require it; and finally, that the different intra-uterine pessaries ought to be proscribed, because they are useless, and impotent to produce the good effects expected from them, and they subject the patients to the most serious dangers.—*Monthly Journ. Med. Sci. Ang.* 1854, from *Bulletin de l'Académie*, 31st May, 1854.

[We shall endeavour to find room for an analysis of the discussion to which this report gave rise in our next number.]

## MEDICAL JURISPRUDENCE AND TOXICOLOGY.

62. *Early Live Birth, with Case.*—Dr. KEILLER exhibited to the Edinburgh Obstetrical Society, a premature fœtus which was born *alive* in the fourth month, and made some remarks on the *medico-legal* relations and importance of such a case. The following are the particulars of the case, as noted at the time of its occurrence:—

On the 17th June, Dr. Keiller was called to Mrs. R., who was about to abort. She had miscarried about a year previously (20th July), when seven months pregnant, and now considered herself only in the fourth month, having last menstruated on the 8th February, and quickened about a week ago (8th June). The pains were evidently expulsive, and, on examination, the distended membranes were felt protruding into the vagina. Dr. K. shortly afterwards ruptured them, when the liquor amnii was forcibly and fully expelled, a foot immediately presented itself by which the extraction of the fœtus was speedily accomplished. The heart and vessels of the cord were beating vigorously, which induced Dr. K. to allow the fœtal circulation through the still attached placenta to continue for some time, in order to observe the reflex movements of the limbs, face, and respiratory muscles which thereafter took place. At first these muscular reflex contractions were very marked. On touching the feet and hands, the limbs were immediately drawn up and moved about. On blowing on the face, the lower part of it was tremulously moved, and the mouth at each time opened; and three or four times an attempt to respire or gasp, accompanied by an apparently respiratory movement of the chest or thoracic convulsion, took place. The pulsations of the carotid arteries were also at first very distinctly observed. The umbilical pulsations gradually diminished in force and frequency, and when reduced to about ninety beats in the minute, Dr. K. cut the cord, and allowed about a drachm of blood to ooze from its fœtal extremity, the heart's action immediately became quicker, and one or two thoracic convulsions afterwards followed. The mouth gaped repeatedly on blowing air on the features, the limbs gradually lost their reflex actions, and the heart's action, as seen against the thin walls of the chest, became more and more feeble; subsequently a few seconds elapsed between every observed pulsation, but more or less distinct movements occurred for nearly an hour from the time the fœtus was first expelled. On being weighed, the fœtus was found to be exactly  $9\frac{1}{2}$  oz., in length it measured 8 inches; the placenta, with attached cord, weighed about 6 oz. The eyelids were adherent, the nose and ears closed, the mouth, however, being open; the membrana pupillaris was entire; on opening the chest, the situation and appearance of the lungs and other organs were characteristic of its apparent age. The lungs, in colour and volume, resembled those of an early fœtus; and, with the exception of one or two ecchymosed spots, no colour